Issue Classification

Application No.	Applicant(s)
09/902,281	MINOGUE ET AL.
Examiner	Art Unit
Mark W Bockelman	3762

ISSUE CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)	

CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
607	48	607	148

INTERNATIONAL CLASSIFICATION

A	6	1	N	1/08
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				/
				/

(Assistant Examiner)　(Date)

Mark Buhl

Mark Bockelman 10-16-2004

(Primary Examiner)　(Date)

B. Webb　10/19/04
(Legal Instruments Examiner)　(Date)

Total Claims Allowed: 64

O.G. Print Claim(s)	O.G. Print Fig.
1	3

☒ Claims renumbered in the same order as presented by applicant　☐ CPA　☐ T.D.　☐ R.1.47

Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1	31	31	61	61		91		121		151		181
2	2	32	32	62	62		92		122		152		182
3	3	33	33	63	63		93		123		153		183
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5	5	35	35		65		95		125		155		185
6	6	36	36		66		96		126		156		186
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27	27	57	57		87		117		147		177		207
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29	29	59	59		89		119		149		179		209
30	30	60	60		90		120		150		180		210

U.S. Patent and Trademark Office

Part of Paper No. 10162004

U.S. UTILITY Patent Application

	O.I.P.E.	PATENT DATE
M/C SCANNED		

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/902281	F	..601 607	048	3764 3762	BOCKECMAN

APPLICANTS

Michael Minogue
Michael Crowe

TITLE

Electrotherapy device and method

PTO-2040
12/99

ISSUING CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
607	48	607	148					

INTERNATIONAL CLASSIFICATION						
A61N	1/08					

☐ Continued on Issue Slip Inside File Jacket

TERMINAL ☐ DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
	10	30	3	64	1

☐ The term of this patent subsequent to _____ (date) has been disclaimed.

(Assistant Examiner)   (Date)

☐ The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____

MARK BOCKELMAN
PRIMARY EXAMINER

(Primary Examiner)   10-16-04 (Date)

☐ The terminal ___ months of this patent have been disclaimed.

(Legal Instruments Examiner)   (Date)

NOTICE OF ALLOWANCE MAILED

ISSUE FEE

Amount Due	Date Paid

ISSUE BATCH NUMBER

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